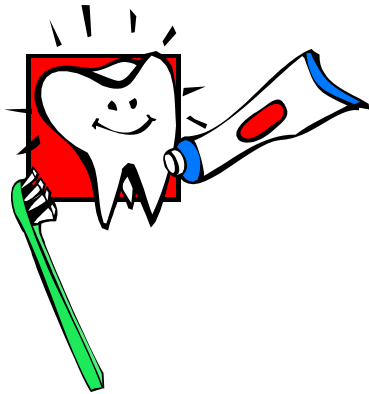


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Oral Health Program  
109 W. Michigan Avenue  
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# Count Your Smiles Screening Protocol



*Guidelines for Screeners*

*August/September 2005*

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## **BSS Survey Administration**

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## **Funding for the BSS Survey:**

CDC Cooperative Agreement Grant: State-Based Oral Disease Prevention Program

## **Methods:**

This survey followed the methods outlined by the State and Territorial Dental Director's Basic Screening Surveys: An Approach to Monitoring Community Health. The screenings were completed by volunteer dental hygienists that participated in both a training and calibration session.

## **Training Dates:**

August 25, 2005	Gaylord	<b>Location:</b>	Dental Clinic North, Gaylord 95 Livingston Blvd. Gaylord, MI 48735
September 8, 2005	Grand Rapids	<b>Location:</b>	Chris Shea, Executive Director Ferguson Dental Health Center 101 Sheldon SE Grand Rapids, MI 49503
September 9, 2005	Lansing	<b>Location:</b>	MDCH 3423 Martin Luther King, Jr. Blvd. Lansing, MI 48909
September 16, 2005	Detroit	<b>Location:</b>	Detroit Children's Hospital 3901 Beaubien Street Detroit, MI
December 2, 2005	Marquette	<b>Location:</b>	Marquette County Health Dept. 184 U.S. Highway 41 East Negaunee, MI 49866

## *Introduction*

### **What is Count Your Smiles?**

Count Your Smiles is a screening assessment of third grade children. Oral health status data will be collected on a statewide sample that is randomly drawn proportional to district size and stratified by geographic region, urbanicity, and free/reduced lunch status. Third grade classrooms were asked to participate in the assessment.

The Michigan Department of Community Health (MDCH) is hopeful that the assessment will build community capacity and skills needed for collecting community-specific oral health data. MDCH will train all local screeners at half-day workshops in several different geographic locations in an attempt to accommodate the screeners.

MDCH is seeking volunteers to participate either through dental and dental hygiene schools, safety net clinics, sealant programs or local volunteer dentists or dental hygienists.

MDCH will provide copies of all forms and letters for the screeners to use in order to engage the schools and screen the children; all supplies needed to screen the designated number of children; and incentives for both permission slip return and screening completion.

MDCH will analyze the data once it is collected and submitted and distribute the results throughout the state and nation. General data elements include urbanicity, language spoken at home and participation in the free and reduced lunch program.

The oral health data elements are comparable to the *Healthy People 2010 Oral Health Objectives* and include: dental caries experience, presence of cavitated lesions, and presence of dental sealants. The oral health data is appropriate for inclusion in the National Oral Health Surveillance System administered by the CDC. The data will be used as an indicator of oral health and a statewide baseline for future program planning and evaluation.

Dental hygienists have been approved by the Michigan State Board of Licensing and the Michigan Dental Association to conduct this screening. Screening is not considered a diagnostic procedure and falls within the scope of practice of a Michigan licensed dental hygienist. Any questions regarding this can be addressed to the following:

Michigan Department of Community Health  
Division of Family and Community Health  
Dr. Sheila Semler, Oral Health Coordinator  
109 W. Michigan Avenue  
Washington Square Building  
Fourth Floor  
Lansing, MI 48913  
(517) 335-8388  
(517) 335-8294 FAX  
semlers@michigan.gov

## *Guidelines for Screeners*

### **Sample Selection**

Public elementary schools were randomly selected to participate in the Count Your Smiles Screening Survey. The statewide sample was randomly drawn proportional to district size and stratified by geographic region, urbanicity, and free/reduced lunch status. Third grade classrooms were asked to participate in the assessment.

### **Informed Consent**

To be screened, children must return a positive consent form (Appendix G). Parents may “call-in” permission to school staff, but this must be noted on the consent form, which should be signed by school staff.

### **English as a Second Language**

It has been nationally found that children for whom English is a second language have significantly higher caries rates. Parents are asked to provide information on the language spoken at home. In cases where the parent fails to provide this information, please ask each elementary school child “***What language does your family speak at home?***”

### **Oral Health Education – Classroom presentation**

A classroom presentation on oral health prior to the screening is highly recommended but this must be agreeable to the school and coordinated with the classroom teacher. This enables children to be prepared and understand the importance of the oral health. The talking points for the oral health education are included in the materials (Appendix H). It will take approximately 10-15 minutes for the presentation.

### **Infection Control**

In general, the screening procedures for Count Your Smiles Screening Survey assume that the screener will not touch the child being screened. Screeners will, however, wear gloves during the screenings in the event that the screener inadvertently comes into contact with saliva or the mouth.

According to CDC infection control guidelines, when there is no physical contact it is not necessary to change gloves between screening individuals. If, however, a gloved hand touches the mouth’s mucous membrane, lips, or saliva, gloves must be removed and hands must be washed or rubbed with an antiseptic hand rinse before putting on a new pair of gloves prior to screening the next person. Only disposable mirrors will be used and will be disposed of promptly.

Although not required by CDC’s infection control guidelines, ***gloves will be changed after every child***. If there has been no physical contact it is not necessary to wash hands between children. If a gloved hand has touched the mouth’s mucous membrane, lips, or saliva, gloves must be removed and hands must be washed or

rubbed with an antiseptic hand rinse before putting on a new pair of gloves prior to screening the next person.

## **Hand Washing**

In the event that a sink with soap and water is not available in the screening area, each screening kit contains an antiseptic hand cleaner. **Lubrex** hand cleaner is supplied in your kit for this purpose.

## **Surface Disinfectant**

In the event that there is saliva or other bodily fluid exposure, i.e. child drools, spits or vomits, a surface disinfectant is included in each screening kit. The surface disinfectant **KleenAseptic** is Tuberculocidal, Fungicidal and Bactericidal. Again we are assuming that during the screening procedure the screener will not come in contact with saliva or any other bodily fluid. A tray-table cover is included to cover tabletops or counters to facilitate clean up and infection control. However it is suggested that you have a back up plan. Most schools have a protocol in place for disposing off bodily fluids; you may also want to check with the school if you have a concern.

## **Lighting**

Screeners should use a strong penlight or small flashlight provided by MDCH. If available, screeners may opt to use a portable fiber-optic light. Screeners will not rely on natural light.

## **Retraction and Visualization**

Disposable dental mirrors or tongue blades will be used for retraction and visualization. Unless absolutely necessary, a gloved hand should be used for retraction.

## **Removing Food Debris from Teeth**

If tooth surfaces cannot be visualized because debris obscures the view, the screener can use a toothpick to clean away food.

## **Instrumentation**

Cotton tip applicators will be available to help screeners check for the presence of dental sealants. The applicators can be used to lightly feel fissured surfaces; they will not be used to determine a “stick” or “tugback” in a suspected cavitated lesion.

## **Cavitated Lesions**

A cavitated lesion is detected when a screener can readily observe two things:

- A loss of at least ½ mm of tooth structure at the enamel surface. For reference, the ball at the tip of a World Health Organization (WHO) periodontal probe is ½ mm in diameter.
- Brown to dark-brown coloration of the walls of the lesion.

Teeth that meet **both** of these criteria are considered cavitated lesions, even if a filling or a crown is also present. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. *Refer to Screening Figures 1 & 2 on page 8.*

If the screener notices a retained root, assume that the whole tooth was destroyed by caries and code the child as having a cavitated lesion.

Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

The rule of thumb for Count Your Smiles is – ***when in doubt, be conservative***. That means that if you are not sure if a cavitated lesion is present, assume it is not.

### **Caries Experience**

A filling (permanent or temporary), a crown, or a tooth that is missing because it was extracted as a result of caries is considered caries experience. Because teeth can be lost for reasons other than caries, only missing *permanent 1<sup>st</sup> molars* will be considered missing due to caries. Missing anterior teeth will not be considered as missing due to caries.

### **Dental Sealants**

This indicator is for **permanent 1<sup>st</sup> molars** only. Dental sealants can be either transparent or opaque. While opaque white sealants are relatively easy to identify visually, other shades, including tooth-colored sealants may be very difficult to identify visually. Screeners can use a cotton tip applicator to help confirm the presence of sealants. Gently feel the occlusal surface of the 1<sup>st</sup> molars to determine if you can distinguish between a smooth sealant and a rougher area of the tooth itself. Drying the tooth surface with the cotton end of the applicator will help to visualize the sealant.

### **Treatment Urgency**

After categorizing each child according to his or her cavitated lesion status, assign one of three treatment urgency codes to estimate how soon he or she should visit the dentist for clinical diagnosis and any necessary treatment. *Refer to Treatment Urgency Codes and Screening Figure 3, page 8.*



## Treatment Urgency Codes

<i>Category</i>	<i>Criteria</i>
<b>Code 0</b> <i>No obvious problem</i>	<b>No problems observed</b>
<b>Code 1</b> <i>Early dental care is needed</i>	<b>Cavitated lesion without accompanying signs or symptoms. Suspicious white or red soft tissue areas</b>
<b>Code 2</b> <i>Immediate dental care is needed</i>	<b>Signs or symptoms that include pain, infection, or swelling.</b>

Those individuals with no obvious dental problems observed are given a code “0”, which means that they should receive routine dental checkups as recommended by their dentist. You may, however, override a Code “0” and assign a Code “1” if there is some reason that you feel they need to see a dentist sooner than their next routine checkup.

### Screening Figures (Refer to colored laminated sheets that accompany this manual)

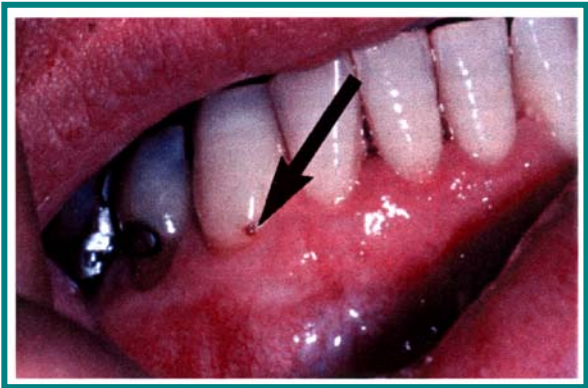


Figure 1  
Minimum threshold for smooth surface caries  
Code 1

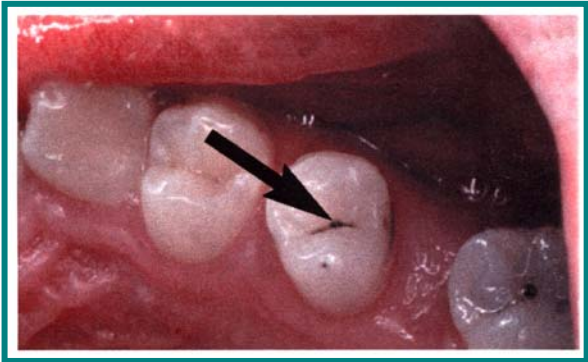


Figure 2  
Minimum threshold for pit & fissure caries  
Code 1

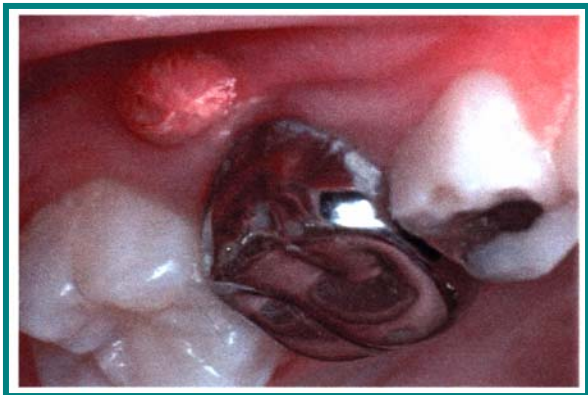
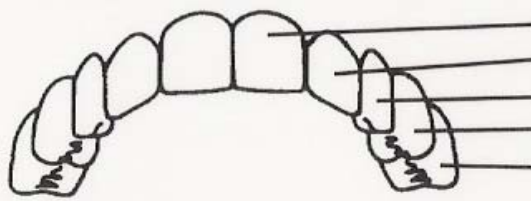
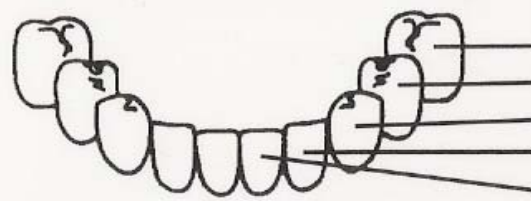
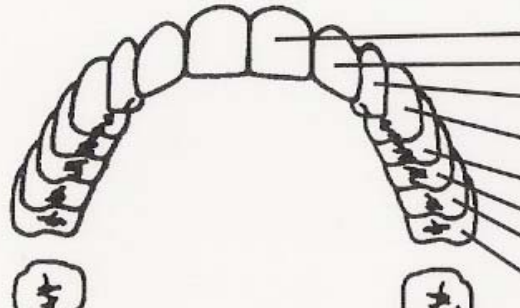
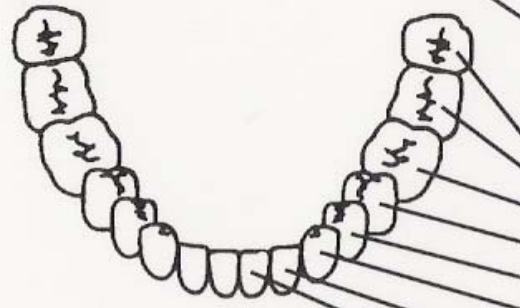


Figure 3  
Urgent treatment – Code 2

## Primary Dentition

Upper		Eruption	Shedding
	Central incisor	7 1/2 mo.	7 1/2 yr.
	Lateral incisor	9 mo.	8 yr.
	Cuspid	18 mo.	11 1/2 yr.
	First molar	14 mo.	10 1/2 yr.
	Second molar	24 mo.	10 1/2 yr.
Lower		Eruption	Shedding
	Second molar	20 mo.	11 yr.
	First molar	12 mo.	10 yr.
	Cuspid	16 mo.	9 1/2 yr.
	Lateral incisor	7 mo.	7 yr.
	Central incisor	6 mo.	6 yr.

## Permanent Dentition

Upper		Eruption
	Central incisor	7-8 yr.
	Lateral incisor	8-9 yr.
	Cuspid	11-12 yr.
	First bicuspid	10-11 yr.
	Second bicuspid	10-12 yr.
	First molar	6-7 yr.
	Second molar	12-13 yr.
	Third molar	17-21 yr.
Lower		Eruption
	Third molar	17-21 yr.
	Second molar	11-13 yr.
	First molar	6-7 yr.
	Second bicuspid	11-12 yr.
	First bicuspid	10-12 yr.
	Cuspid	9-10 yr.
	Lateral incisor	7-8 yr.
	Central incisor	6-7 yr.

## Screening Protocol

### MDCH Coordination Activities

ACTIVITY	DESCRIPTION	TIME
Survey Sampling	From a statistical sampling of all school districts in Michigan, a list of 76 schools was generated to conduct the Count Your Smiles Screening Survey.	Oct 2004 - July 2005
Order Supplies	Refer to supply list on page 15. Order supplies according to the determined statistical sample. Example: Michigan planned to screen 3000 students, so materials were ordered to screen 3000 students.	
Contacted the School Superintendent	<b>Superintendent's letters (Appendix A)</b> introducing the survey and requesting permission was sent by MDHC to each school superintendent designated by the statistical sampling.	June-Aug 2005
Wait to hear regarding approval of the district superintendent	The information sent to the Superintendent included a fax back <b>(Appendix B)</b> requesting him/her to provide principal contact information. MDCH must receive permission from the school superintendent prior to contacting the principal of the school.	June- Aug 2005
Contact the selected schools either by mail, phone or in person	After receiving the approval from the district superintendent, the school was sent the <b>principal's letter (Appendix C)</b> requesting him/her to participate in Count Your Smiles.	June-Aug 2005
Get the principal's okay	The principal's letter included a <b>fax back (Appendix D)</b> form that stated the principal's willingness to participate and provided information on the school contact. This form was required before a screening date could be scheduled.	June-Aug 2005
Identifying screeners	The MDHA President was contacted for her approval to contact dental hygiene component associations to solicit volunteers for the survey. Letters were sent to licensed hygienists in corresponding zip codes with the schools to be screened.	May – Aug 2005
Screening Training and Contracting	Five screener-training days established in various geographic locations. Supplies distributed and contracts signed.	Aug – Sept 2005
Screener Invoice for Training	Complete Training Invoice and return to Dr. Sheila Semler, MDCH, Oral Health Program, on the day of training.	<b>Sept. 19, 2005</b>
Determine a school contact person, collect school info and fill in School Information Sheet	After receiving the permission from the principal, the contact person was called and the <b>school information sheet (Appendix F)</b> filled out.	Aug – Oct 2005
Fill in teachers' instructions sheet for all the 3 <sup>rd</sup> grades	Following receipt of all the information on the <b>school information sheet</b> for all the 3 <sup>rd</sup> grades, the consent form return dates and other related information on the <b>teachers' instruction form (Appendix E)</b> should be noted. Be sure that the <b>language</b> of the forms corresponds to the language requested by the school.	Sept – Dec 2005

Send Teacher's Instruction Form And Incentive to Show students	On a large yellow envelope staple the teacher's instruction form to the outside. Place <b>principal cover letter (Appendix H), consent forms (Appendix J), and parent letters (Appendix I)</b> in the envelope enough for each student in the class (include bi-lingual form is needed). Mail in a large priority mail envelope. Wrap Spin-brush in bubble wrap and put in priority mail envelope. Mail to school to the attention of the contact person.	Sept-Dec 2005
Principal should have signed the cover letter which needs to accompany the consent form	When the school receives the envelope, have the principal sign the cover letter, make enough copies for all students and send with parent letter and consent form home with students for approval from parent.	Sept-Dec 2005
Confirm arrival of school packets	Make a call to the school contact person and verify that they received the packet you sent for each 3 <sup>rd</sup> grade. Bring their attention to the date that MDCH will be calling to get the number of positive consents returned from the students. Make adjustments if needed in the date.	Sept- Dec 2005
Confirm consent form distribution	Call the school and verify that the <b>consent forms</b> have been sent home also remind them once again that you will be calling at a later date to get numbers of returned consents.	Sept – Dec 2005
Request number of positive consents from the school contact person	At the given date, call the school contact and get the total number of consent forms returned and also the positive consent forms. <b>This may be before the training dates or after. Ideally before, then all supplies can be delivered to the screener's at training.</b>	Sept- Dec 2005
At training deliver screener's supplies. Spinbrushes™ Deliver the School Information Sheet.	If the number of positive consents are known give the screener enough spin-brushes for all positive consents. If the number is not known yet, give the screener ½ of the class size in spin brushes. When the final number is known, ship the remaining spin-brushes to the screener. The screen will receive all other supplies at this date. The screener will also receive the school information sheet. The sheet will state if they can call to schedule the screening date.	Aug- Dec 2005
Screener should notify MDCH of dates and times for screenings.	Screener should notify MDCH of screening dates and times so that the screener will receive the appropriate forms and supplies before the screening date.	
Two weeks before the screening date	Check with volunteer to ensure that he/she has faxed or e-mailed a list of needed supplies to MDCH, Oral Health Program at least <i>2 weeks prior to the screening date</i> .	Aug – Dec 2005
Final confirmation – School and Screener	Call the school contact person and the screener once more to make sure that the dates are right and everyone is prepared for screening day.	Sept- Dec 2005
Invoices and completed consents and screening forms	All screeners must turn in invoice within 2 weeks of screening for reimbursement along with consents and data collected on screening forms. The coordinator will black out names of children and signatures and give to epidemiologist (or statistician).	Sept 2005- Jan 2006
Thank you letter to the school and screener (and recorder, if applicable)	Send a thank you letter to the school principal, screener and if applicable, the recorder.	Jan 2006

## Screener's Responsibilities (Prior to Screening Day)

ACTIVITY	DESCRIPTION	TIME
Attend Screener Training	Five training sessions will be geographically located across the state to accommodate screenings. Sign contract, training invoice, and receive initial supplies.	August - Sept 2005
Recruit recorder or runner	If possible, recruit another dental hygienist or assistant to act as the recorder or runner to assist with the screening.	August – Sept 2005
Classroom Oral Health presentation (optional)	If school requests and the screener would like to participate, begin preparation for classroom oral health presentation. Most schools request an oral health presentation.	Sept – Dec 2005
Contact school contact name provided, provide dates and times for the Count Your Smiles Survey screening.	Schedule a screening date and time with the school. If using a recorder or runner, confirm date and time with this person. Confirm with the school where the screenings will take place within the school. If possible, visit the site prior to the screening so you are familiar and any anticipated problems can be determined.	Sept - Dec 2005
Verify Screening Supplies	FAX or E-mail MDCH, Oral Health Program if additional screening supplies are needed at <b>least 2 weeks prior to the screening</b> . Determine if you will have enough gender-appropriate Spinbrushes™ for children returning a <i>positive consent form</i> . Verify that you have an adequate number of dental bags with a toothbrush, toothpaste, pencil, sticker activity book, and parent brochure (there should be enough dental bags for each student in the class). Also, verify that you have the adult spin-brush for the teacher.	Sept- Dec 2005
Final confirmation – School and MDCH	Call the school contact person once more to make sure that the dates are right and everyone is prepared for screening day and notify MDCH of screening date.	Sept-Dec 2005
Thank you letter to the school	Send a thank you letter to the school principal. This is optional, MDCH will be sending thank you letters, but I would be nice for them to hear from the screener too.	

## Screener's & Recorder's Activities – ON SCREENING DAY

- Arrive at the screening site at least 30 minutes before the first scheduled screening.
- Check-in at the school's office then set up your supplies for the screening at the predetermined area. Obtain a class roster for classroom that is scheduled for a screening. If consent forms have been collected, verify that each child to be screened has a permission slip (if not, see next step). Notify the 3<sup>rd</sup> grade classroom that you are ready. The teacher should give the consent form to children so that when the child comes to screening, he or she will have their individual positive consent form.
- Perform the Oral Health Presentation, if requested and you have agreed to do this. The dental bags should be distributed at this time.

- Have the students bring their consent form with them to the screening (each child should have their own consent form). Review the demographic data on the consent form and complete missing items if possible. **Make sure that the parent has provided positive consent.** Using the Student Assent Form (Appendix I), verify with each child their permission for you to screen their teeth. Screen the child and fill the screening form and before you go on to the next child, make sure that you staple or clip the screening form to the consent form for each child screened.
- The runner, if available, will bring students to the screening site (about 10 at a time works well). The recorder will write down the results of the screening exam.
- After assessing the child, complete the parent notification form (Appendix L). Give the child the parent notification form, and a Spinbrush™. If the dental bags were not given at the oral health presentation, they should be distributed at this time. Send the child back to their classroom.
- Leave a dental bag **without a Spinbrush™** but with all the other items listed above for each child in the classroom that was not screened.
- When finished for the day, stop by the office and thank the staff for helping with the Count Your Smiles Screening Survey. Take the garbage bag along with you to be disposed of.

### Screener's Activities – AFTER SCREENING DAY

Activity	Description	Date
Receive completed screening data forms	Collect all the screening forms and make sure that the consent forms are stapled or clipped together with the screening form for each child screened. Make sure that the screening form ID number assigned to the student matches the ID number on the consent form. Be sure to put your assigned Examiner number on the screening form.	Sept 2005 – Jan 2006
Data Reporting /Billing & Evaluation Sheets	Please complete the <i>Billing Sheet for Screening</i> (Appendix Q), and the <b>Data Reporting &amp; Evaluation Sheet</b> (Appendix R) and put in envelope with completed screening data materials (above) and mail to MDCH for reimbursement.	Sept 2005 – Jan 2006
Return Supplies	If you have any remaining supplies, send left-over supplies to the Oral Health Program. Because resources are limited, we are requesting that the flashlight, gloves if over ½ a box, the laminated screening form, any Spinbrushes and VCR tape (if applicable) be mailed to the program at the address listed on the front of this manual. If items cannot be mailed or you are unsure what needs to be returned, contact Dr. Sheila Semler for arrangement for pick-up.	
MDCH reimburses	Once all the above-mentioned information is received by MDCH, you will be reimbursed for the services.	

## **Data Management**

Count Your Smile data will be recorded on screening forms (Appendix M), provided by the MDCH.

Complete the *Screening Form* (Appendix M). Make sure that there is an entry in every field.

- At the end of the day, mail the completed screening forms and the consent forms stapled or paper clipped together to the MDCH in the envelope provided. Include in the envelope your screening invoice (Appendix Q) and Data Reporting and Evaluation Form (Appendix R).

## **Supplies**

### **Given to Volunteer at Training**

- Screening Forms
- Black pen
- Parent notification letter after screening
- Penlight/mini-flashlight
- Gloves
- Paperclips
- Antiseptic hand cleaner
- Disposable mirrors
- Tray covers
- KleenAseptic
- Cotton tip applicators
- Garbage bag (for trash)
- Yellow Envelope (to return screening forms)
- Box to package all supplies to screener

### **Sent to School**

- Consent Forms
- Parent Introduction Letter
- Principal Cover Letter
- Teacher's Instructions
- Incentive Child Spinbrush (Sample)
- Yellow Envelope (for teacher to collect consent forms)

➤ **Incentives:**

- Teacher
  - Adult Spinbrush™
- Children NOT SCREENED receive a dental bag containing:
  - Toothbrush
  - Toothpaste
  - Pencil
  - Sticker
  - Activity Book
  - Parent information booklet
- Children SCREENED:
  - Children returning positive permission slips receive the dental bag with the items noted above and also a Spinbrush™

**MDCH Contact Information**

***Count Your Smiles***

Dr. Sheila Semler  
Michigan Department of Community Health  
Oral Health Coordinator  
109 W. Michigan Avenue  
Lansing, MI 48913  
Tel: (517) 335-8388  
Fax: (517) 355-8294  
Email: [semlers@michigan.gov](mailto:semlers@michigan.gov)



## **Appendix A: Superintendent Letter**

Date

Superintendent Address

Dear Superintendent

The following classroom in your district has been selected to participate in Michigan's first "Count Your Smiles" Survey.

Name of School  
One Third Grade Class

The "Count Your Smiles Survey" is a critical component of meeting the Surgeon General's 2010 Healthy People objective. Michigan does not meet the national standard for oral health for children or adults. Decay among our children rates among the worst of the nation. Data from this survey will be compared to that of other states conducting the survey. The results will be utilized in building the State's oral health infrastructure that will strongly address the access to care issues facing our children and develop sustained preventive measures in the future.

Detailed information about the survey is included in the enclosed document.

I am writing to request your support for the survey, including:

Written expression of support  
The name and phone number for the principal  
Verbal expression of support as needed

Will you please fax back the enclosed response form, to the fax number indicated on the form.

If you have questions or need further information, please contact Sheila Semler, Ph.D., Oral Health Coordinator at MDCH 517/335-8388 or [semlers@michigan.gov](mailto:semlers@michigan.gov).

Sincerely,

Sheila Semler, Ph.D.

**Appendix B: Fax-Back Form from Superintendent**

**“Count Your Smiles” Survey**  
**FAX BACK RESONSE**

**Superintendent Name**

**District**

**School(s) to be Surveyed**

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\_\_\_\_\_ Yes, I support administration of the “Count Your Smiles ”  
Survey among the selected third grade classes in the district.

\_\_\_\_\_ I give my permission to contact the principal(s) of the school(s)  
listed above:

Name of Principal: \_\_\_\_\_

Phone Number of Principal: \_\_\_\_\_

E-mail of Principal: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please FAX your response by **(desired date)** to:*

*Sheila Semler, Ph.D., R.D.H.*  
*Oral Health Coordinator*  
*Michigan Department of Community Health*  
*Division of Family & Community Health*  
*109 W. Michigan Ave*  
*Lansing, MI 48913*  
*semmlers@michigan.gov*  
*(517) 335-8388*  
**(517) 335-8294 FAX**

## **Appendix C: Letter to the School Principal**

Date

School

Dear

Superintendent XXXX has given his support and permission to contact you concerning the *Count Your Smiles* survey. XXXX Elementary School has been selected to take part in the Michigan Department of Community Health's *Count Your Smiles* Survey. The purpose of this assessment is to learn about children's oral health and growth patterns across the state.

This assessment includes a free dental screening (no X-rays) for 3<sup>rd</sup> graders. The oral screenings are not invasive and require less than 5 minutes of classroom time per child. The state health department in collaboration with a dentist or dental hygienist from your community will arrange for a date, time and location to conduct the assessment. Please fax back the enclosed response form to the fax number indicated so that we may contact the appropriate person to coordinate the survey.

With your permission, we will arrange to distribute parental consent forms in the selected classrooms. Participation of 3<sup>rd</sup> grade children in *Count Your Smiles* Survey will be voluntary and require signed parental consent. Children, regardless of parental consent, will receive a toothbrush. A copy of the form is enclosed. After the screening, children will receive a letter to give to their parents indicating their oral health status.

If you have any questions, please do not hesitate to contact the Oral Health Program Director, Sheila Semler, Ph.D, at 517-335-8388 or [semlers@michigan.gov](mailto:semlers@michigan.gov). Your assistance and cooperation in collecting this valuable information would be highly appreciated for planning programs throughout the state.

Sincerely,

Sheila Semler, Ph.D.  
Oral Health Coordinator

**Appendix D: Fax-Back Form from the Principal**

# “Count Your Smiles” Survey

## FAX BACK RESONSE

**XXXX Elementary School**

\_\_\_\_\_ Yes, I support administration of the “Count Your Smiles ”  
Survey among the selected third grade classes in the school.

\_\_\_\_\_ I give my permission to contact the following individual to  
coordinate dates and times for the survey to take place.

Name of Coordinator: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please FAX your response by **(desired date)** to:*

*Sheila Semler, Ph.D., R.D.H.  
Oral Health Coordinator  
Michigan Department of Community Health  
Division of Family & Community Health  
3423 N. Martin Luther King Blvd.*

*Lansing, MI 48909  
semilers@michigan.gov  
(517) 335-8388  
**(517) 335-8294 FAX***

## **Appendix E: Teachers Instructions**

Dear Teacher:

Your class (3rd grade) has been chosen to take part in the Michigan Department of Community Health's "Count Your Smiles" Screening Survey. The purpose of "Count Your Smiles" is to gather information on the health needs of children in Michigan. Each child with a returned signed positive consent form will have a 1-2 minute oral health screening. This screening does not take the place of regular check-ups by a dentist or doctor.

A dentist or dental hygienist will perform the oral health screening using a sterile disposable mirror and disposable gloves. Results of the child's screening will be kept confidential.

It is important to statistically count as many 3<sup>rd</sup> grade children in your classroom as possible. We have provided extra incentives for children to return a positive permission slip. We hope that you will assist us in encouraging students to participate in the oral health screening.

- Distribute the consent forms to the children and show them the incentives to return a consent form. **(Spin-Brush)**
- Your screener will bring enough incentives for every child returning a consent form.
- Even if the consent form is negative, if the student brings it back signed, they should get a dental bag with a toothbrush, activity booklet, toothpaste, pencil, parent information booklet, and sticker.
- As an added incentive for students to return a positive incentive form, a Spinbrush™ will be given to these children.
- Each teacher will receive an adult Spinbrush™ as a token of our appreciation for participation in the survey.
- Collect all the consent forms and place the forms and a copy of your class roster in the envelope provided. Return the envelope to the school contact person noted below prior to the day of the screening. **After our office calls the contact person to identify the number of positive consent forms, you should receive the envelope back. On the day of screening distribute to each child his or her individual consent to take to the screening. (The forms do not need to be mailed back to us, the screener will take them on the day of the screening).**
- If you would like an oral health presentation to your students, please request this from the school contact person.

On the day of the screening the screener will arrive at the school a minimum of 30 minutes prior to the screening. All consent forms will be verified and students with permission slips will be screened, and receive their Spin-brush.

Your cooperation and encouragement will be highly appreciated.

Return Consent forms to the office by **(Insert Date)**. We need at least two weeks prior to the screening date to order and get supplies shipped to the volunteer.

School contact person \_\_\_\_\_ (Insert Contact Person's Name)

**This envelope should be used to collect the returned consent forms.**

## **Appendix F: School Information Sheet**

School Name \_\_\_\_\_

Address \_\_\_\_\_

Contact person's name \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Third Grade class information:

Teachers name: \_\_\_\_\_ Number of students \_\_\_\_\_

Number of positive consents returned \_\_\_\_\_

Third grade classes daily schedule – recesses, lunch other time constraints:

Screening Date (coordinate with screener's schedule) \_\_\_\_\_

Screening location:

Two chairs: yes/ no

Side table or cart: yes/ no

Runner: yes/ no

Is an Oral Health Presentation requested by the teacher? Yes No

Date to distribute consent forms \_\_\_\_\_

Date for consent forms to be returned to the office \_\_\_\_\_

Call date to confirm number of positive consents \_\_\_\_\_

How many and what language consent forms are needed?

English: \_\_\_\_\_

Spanish: \_\_\_\_\_

Arabic: \_\_\_\_\_

**Keep one copy and make a copy for the school**

**Appendix G: Fax/E-Mail Back Supply Form to MDCH**

**FAX/E-MAIL BACK FORM to MDCH**

**517-335-8294 FAX**

**OR**

**[semlers@michigan.gov](mailto:semlers@michigan.gov)**

**FAX or e-mail this form to MDCH to inform the Oral Health Program of your screening date and to order additional supplies, if needed**

**(at least 2 weeks prior to the screening date)**

**Name of the Volunteer** \_\_\_\_\_

**Date of Screening** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_

**Address for shipping** \_\_\_\_\_

**(if applicable)** \_\_\_\_\_

**Schools being served** \_\_\_\_\_

**Other screening supplies needed : (Forms, gloves, etc) (How many of each?)**

\_\_\_\_\_

## **Appendix H: Cover Letter to Parents from the Principal or Local Agency**

Dear Parent:

Included in this packet is this letter from the **INSERT SCHOOL or LOCAL AGENCY** and a Consent Form for an exciting new program of oral screening called ***Count Your Smiles***. Our school was chosen to take part in this program and I ask that you take a few minutes to read this letter and complete the consent form. Please return the consent form to your child's teacher tomorrow or at least by \_\_\_\_\_.

This oral screening is free of charge to our third grade students and to our district. You will receive a copy of your child's "Screening Report" after he/she is seen.

Screening will take place before the end of January 2006. Again, I urge you to complete the consent form and return it to your child's teacher even if you do not wish to have your child screened.

Thank you in advance for your time and cooperation in this matter.

Sincerely,

Principal



## **Appendix I: Parent Introduction Letter**

MDCH Letterhead

[Date]

Dear Parent or Guardian,

Your child's school has been chosen to take part in the state health department's "Count Your Smiles" survey to learn about the health of children's teeth in your county and across the state. "Count Your Smiles" will help us plan future dental health programs. As you know, a healthy mouth is part of total health and makes a child more ready to learn.

If you give permission, a dentist or dental hygienist will screen your child's teeth to check for tooth decay and other dental problems. The screening takes approximately 1-2 minutes. Your child will receive a toothbrush and a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental check-ups.

Please be assured that the dental screening will be carried out in a safe, confidential manner. A fresh pair of dental gloves and a new disposable mouth mirror will be used for each child. The dentist or dental hygienist will follow all infection control guidelines set by the Centers for Disease Control (CDC). No one will know about your child's teeth except you. .

Please complete and sign the attached consent form. This will allow your child to participate in the "Count Your Smiles" survey. Children participating in the survey will receive a new Crest toothbrush. Return the form to your child's teacher **tomorrow**.

Thank you for helping us learn how to improve the dental health of the children in our state. If you have any questions about the "Count Your Smiles" please contact Dr. Sheila Semler at 517-335-8388 or via email at [semlers@michigan.gov](mailto:semlers@michigan.gov).

Sincerely,

Dr. Sheila Semler  
Michigan Oral Health Coordinator

Enclosure

## Appendix J: Consent Form

### ‘COUNT YOUR SMILES’ Consent Form & Parent Questionnaire

Child ID:    
Administrative use only

Please complete this form and return it to your child’s teacher tomorrow. Thank you.

☐ **Yes, I give permission** for my child to have his/her teeth checked.  
☐ **No, I do not give permission** for my child to have his/her teeth checked.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please answer the next questions to help us learn more about access to dental care. Your answers will remain private and will not be shared. Please check or fill in the box next to your answer.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?  
☐ No ☐ Yes ☐ Don’t know/don’t remember
2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists? (Check one)  
☐ 6 months or less ☐ More than 3 years ago  
☐ More than 6 months, but not more than 1 year ago ☐ Never has been to the dentist  
☐ More than 1 year ago, but not more than 3 years ago ☐ Don’t know/don’t remember
3. What was the **main reason** that your child last visited a dentist? (Check one)  
☐ Went in on own for check-up, examination, or cleaning.  
☐ Was called in by the dentist for check-up, examination, or cleaning.  
☐ Something was wrong, bothering or hurting.  
☐ Went for treatment of a condition that dentist discovered at earlier check-up or examination  
☐ Other  
☐ Don’t know/don’t remember
4. During the past 12 months, was there a time when your child needed dental care but could not get it?  
☐ No (Go to question 6) ☐ Yes (Go to question 5) ☐ Don’t know/don’t remember (Go to question 6)
5. The last time your child could not get the dental care he/she needed, what were the main reasons he/she couldn’t get care? (Check all that apply)  

<input type="checkbox"/> No insurance	<input type="checkbox"/> Speak a different language	<input type="checkbox"/> Could not afford it
<input type="checkbox"/> Not a serious enough problem	<input type="checkbox"/> Didn’t know where to go	<input type="checkbox"/> No dentist available
<input type="checkbox"/> Health of another family member	<input type="checkbox"/> Difficulty in getting appointment	<input type="checkbox"/> No way to get there
<input type="checkbox"/> Dentist hours are not convenient	<input type="checkbox"/> Wait is too long in clinic/office	<input type="checkbox"/> Other reason
<input type="checkbox"/> Dentist did not take insurance/Medicaid	<input type="checkbox"/> Don’t like/trust/believe in dentists	<input type="checkbox"/> Don’t know
6. Do you have any kind of insurance that pays for some or all of your child’s DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.  
☐ No ☐ Yes, Private (examples include Delta Dental, Blue Cross Blue Shield)  
☐ Don’t know ☐ Yes, Government programs (Medicaid, MICHild, Healthy Kids Dental)
7. Which of the following best describes your child? (Check all that apply)  

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Arab American
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other
8. Is your child eligible for the free or reduced price lunch program? ☐ No ☐ Yes
9. Is a language other than English spoken in the home? ☐ No ☐ Yes

**THANK YOU FOR PARTICIPATING IN “COUNT YOUR SMILES!”**

## **Appendix K: Oral Health Education Talking Points (3<sup>rd</sup> grade level)**

*Please read it in front of the whole class*

### **The importance of teeth**

- Teeth help us bite and chew so that our tummies can digest food.
- Teeth help us speak clearly. Without teeth it would be difficult to talk! In fact, it would be difficult to say words like teeth, mouth, and bite.
- Teeth are a very important part of physical appearance. Healthy teeth give us a happy smile.
- And most of all ... your mouth is part of your body. It is not a separate space. You need to take care of your mouth and keep it healthy for your whole body to be healthy.

### **Types of teeth**

At your age, there are three types of teeth in your mouth. Each has a different job to do.

- Incisors are the front teeth closest to the lips. Their job is to bite into food and cut it.
- Cuspids are pointy teeth (sometimes called canine teeth) that sit next to the incisors. They rip and tear up food.
- Molars are the teeth that sit in the back of the mouth. Molars grind up and crush food.

*Ask the children how many have already lost a tooth. Most of the children will probably have lost one of the lower central incisors first. Let the children know that losing baby teeth is normal and that a permanent tooth will take its place. Children have 20 baby teeth; adults have 32 permanent teeth.*

### **What is plaque?**

- Plaque is a colorless sticky germ that is found in everyone's mouth. It forms on teeth everyday.
- Plaque germs can cause cavities and harm the gums and bone around teeth.

### **Choosing foods that are good for oral health**

- Teeth and gums need good nutrition just like the rest of your body. It is important to eat a variety of different foods each day, including fruits and vegetables, meat, milk, and bread and cereals.
- When plaque mixes with sugary foods, it makes an acid that can cause teeth to become soft and can lead to cavities. **A cavity may look like a dark spot or hole in the tooth, and may cause the tooth to hurt.** When choosing foods that are good for teeth, it is important to decide how sticky the foods are. **Crunchy snacks help teeth.**

#### **Examples of sticky, sugary snacks:**

- caramel, taffy, sugared gum, cake

#### **Examples of good snacks:**

- raw crunchy vegetables, nuts, cheeses (cheese helps fight acid attacks)

It is not a good idea to snack on sticky, sugary foods throughout the day. If sugary foods are eaten, it is best to eat them with a meal.

## Brushing

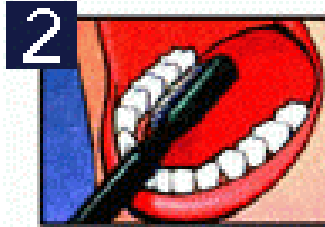
Just as we wash germs off of our hands with soap and water, we must wash the germs off of our teeth with a toothbrush and toothpaste.

To properly brush the teeth, pay attention to three main parts:

- Outside
- Inside
- Top

### Brushing instructions

Gently place the bristles where the tooth and gum fit together. Use a “jiggle and wiggle” motion and count to ten in each area. You should spend at least three minutes brushing your teeth.



## **Appendix L: Student Assent Form**

*Please read this to children with positive consent forms*

Hi, my name is \_\_\_\_\_, and I am from \_\_\_\_\_(organization, if appropriate).

I am here for the program “Count Your Smiles”. We will take a look at your mouth and count your teeth. This should take about 1-2 minutes.

Your participation has nothing to do with your school grades.

Your participation is important, but you don’t have to participate if you don’t want to. If you have any questions at any time please ask \_\_\_\_\_ (us) or your teacher.

Thank you

## **Appendix M: Screening Form**

Count Your Smiles  
Attachment E  
Version 8/24/05

### **Michigan Oral Health Program 'COUNT YOUR SMILES' Screening Form**

Site Number: (site)

Examiner:

Screening Date: (screen date)

Child ID:

Sex:   
1=Male  
2=Female

Age:   
(Years)

Permanent Teeth: (0-28)	Primary Teeth: (0-20)
<input type="text"/> Number of previously filled teeth	<input type="text"/>
<input type="text"/> Number of teeth with untreated decay	<input type="text"/>

Sealants: <input type="text"/> (First	Treatment Urgency: <input type="text"/> 0=No treatment recommended 1=Routine care needed 2=Urgent care needed
0=No Sealants 1=Sealants	

## **Appendix N: Parent Notification Letter After the Screening**

[MDCH Letterhead]

Date: <Screening Date>

Dear Parent or Guardian,

Today your child received a dental screening as part of the “Count Your Smiles Survey”. The screening today does not take the place of a periodic dental examination and treatment by a dentist. It is recommended that you should schedule your child’s next comprehensive exam by a dentist for:

- ☐ Routine dental checkup (exam, cleaning, x-rays, fluoride, etc.)
- ☐ Dental treatment: (cavities, sealants, etc.)
  - ☐ *As soon as possible*
  - ☐ *Urgent care*

If you do not have a family dentist please:

1. Visit the State of Michigan Oral Health Website and refer to the Michigan Oral Health Program Directory for the number and address of the nearest community dental health center near you. If you do not have access to the internet, call the Oral Health Program office at 571-335-8388. Web site:  
[http://www.michigan.gov/mdch/0,1607,7-132-2942\\_4911\\_4912\\_6226---000.html](http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_4912_6226---000.html)  
Click on “Oral Health Program Directory
2. Visit the Michigan Dental Association website to locate the name of a dentist in your area. If you do not have access to the internet, call the Michigan Dental Association at 517-371-9070. Web site: <http://www.smilemichigan.gov> Click on “Find A Dentist”.

Sincerely,

Sheila Semler, Ph.D.

Oral Health Coordinator  
[semilers@michigan.gov](mailto:semilers@michigan.gov)

## **Appendix O: Thank You Letter to the School**

Dear Sir/ madam,

Your school recently participated in the Michigan Department of Public Health's "**Count Your Smiles**" screening survey of 3<sup>rd</sup> grade children. The purpose of the assessment was to learn about children's oral health across the state.

With your permission and cooperation, our screening day was very successful. Your teachers and staff were very cooperative. We hope that this was a moment of learning about health for the children of the selected classes.

Thank you for your support.

Sincerely,

NAME

TITLE

ADDRESS



## **Appendix P: Billing Sheet for Training**

Company Name

Program Name:

Company Address

Program Cost Center # \_\_\_\_\_

### **CONTRACTORS INVOICE**

#### **CONTRACTOR INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

SS#: \_\_\_\_\_

**PERIOD OF INVOICE: 10/01/04 THROUGH 9/30/05**

DAY	DATE	HOURS
MON	_____	_____
TUES	_____	_____
WED	_____	_____
THUR	_____	_____
FRI	_____	_____
_____	_____	_____
MON	_____	_____
TUES	_____	_____
WED	_____	_____
THUR	_____	_____
FRI	_____	_____
_____	_____	_____

TOTAL HOURS: 4

CONTRACT RATE: \$12.50

TOTAL DUE: \$50.00

\_\_\_\_\_  
Signature of Contractor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Appendix Q: Billing Sheet for Screening (must accompany Appendix P)**

Company Name  
Company Address

Program Name: \_\_\_\_\_

Program Cost Center # \_\_\_\_\_

**CONTRACTORS INVOICE**

**CONTRACTOR INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

SS#: \_\_\_\_\_

**PERIOD OF INVOICE: 10/01/05 THROUGH 9/30/06**

DAY	DATE	HOURS
MON	_____	_____
TUES	_____	_____
WED	_____	_____
THUR	_____	_____
FRI	_____	_____
_____	_____	_____
MON	_____	_____
TUES	_____	_____
WED	_____	_____
THUR	_____	_____
FRI	_____	_____

TOTAL HOURS: \_\_\_\_\_ (Number of Schools)

CONTRACT RATE: \$100.00 (Per School)

TOTAL DUE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Appendix R: Data Reporting and Evaluation Form**  
**(must accompany Appendix O)**

Michigan Department of Community Health  
Oral Health Program  
“Count Your Smiles”  
Data Report  
Fiscal Year 2005-2006

**Data Report Instructions:**

1. Complete this form and return it to MDCH Oral Health Program along with the data forms and permission slips after completing a school. ***This form must be turned in with your Contractors Invoice to receive payment.***
2. Complete all of the screenings in a school.
3. Staple data forms and permission slips together for each child.
4. Fill out the Contractors Invoice. Complete all of the information requested. Sign the form (Contractor).

Mail all of the data forms-permission slips and the Billing Form to the Division of Oral Health. (You should have received a return envelope for each school with the MDCH address label at the Training.)

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Phone number \_\_\_\_\_

Date Submitted \_\_\_\_\_

For Each School Include:

1. School Name \_\_\_\_\_

Total Number of Third Grade Children in the Class \_\_\_\_\_  
(Number of consent forms distributed)

Total Number of Permission Slips Returned \_\_\_\_\_

Total Number of Positive Permission Slips Returned \_\_\_\_\_

Total Number of Children Screened \_\_\_\_\_

*Please complete the reverse side*

2. School Name \_\_\_\_\_

Total Number of Third Grade Children in the Class  
(Number of consent forms distributed) \_\_\_\_\_

Total Number of Permission Slips Returned \_\_\_\_\_

Total Number of Positive Permission Slips Returned \_\_\_\_\_

Total Number of Children Screened \_\_\_\_\_

Use a separate paper if more than 2 schools were screened.

Please take a moment to describe a positive outcome for your agency from the “Count Your Smiles” screening survey project.

Please describe any challenges that you were faced with during “Count Your Smiles” and if you were able to successfully deal with the challenge.

## **Appendix S : Screener Confidentiality Form**

Michigan Department of Community Health  
Oral Health Program  
“Count Your Smiles”

### **SCREENER CONFIDENTIALITY FORM**

I, \_\_\_\_\_, understand the importance of client confidentiality and will not for any reason disclose information from a child’s information form or from any other oral or other written report to any person or persons.

I understand that all client information must be maintained in strictest confidentiality. Client forms or records must never leave the screening area or be placed in a way that would jeopardize security of the information.

I further understand that any breach in client confidentiality is grounds for immediate dismissal from the “Count Your Smiles” Screening Survey.

I am familiar with and will follow all HIPAA laws.

☐ I hereby agree to this confidentiality statement. \_\_\_\_\_ (Initials)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date